

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90518 050 \*\*\*150.00

DOCUMENT # *P9300034380*

1. Entity Name

*YOUR HEALTH SHOP INC II*



Principal Place of Business

9448 HARDING AVE  
SURFSIDE, FL 33154

Mailing Address

9448 HARDING AVE  
SURFSIDE, FL 33154

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0408974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75**

6. Name and Address of Current Registered Agent

ROGOFF PAUL  
9448 HARDING AVE  
MIAMI, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ROGOFF, PAUL  
9448 HARDING AVE  
SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ROGOFF, ARLENE  
9448 HARDING AVE  
SURFSIDE, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Rogoff*  
PAUL ROGOFF

*4/21/04*  
Date

*305-672-6068*  
Daytime Phone #